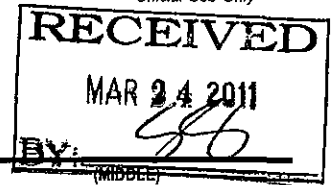


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only



Please type or print in ink.

11 APR 11 PM 12:05

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
SCHLEFSTEIN SCOTT AARON

1. Office, Agency, or Court

Agency Name  
BOARD OF SUPERVISORS  
Division, Board, Department, District, if applicable Your Position  
SUPERVISOR, DISTRICT 5

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED EXPANDED STATEMENT Position: COMMISSIONER/BOARD REP.

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County ☒ County of SIERRA  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached  
☒ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-21-11  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name _____ |
|---|

|   |   |
|---|---|
| <b>1. BUSINESS ENTITY OR TRUST</b>  |   |
| NCPS/Tracers  |   |
| Name<br>P.O. Box 192 Loyalton, CA 96118   |   |
| Address (Business Address Acceptable)<br>Check one<br><input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2   |   |
| <b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b><br>Legal  |   |
| FAIR MARKET VALUE<br><input checked="" type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br>____/____/10    ____/____/10<br>ACQUIRED    DISPOSED |
| NATURE OF INVESTMENT<br><input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other   |   |
| YOUR BUSINESS POSITION <u>Owner</u>   |   |

|  |  |
|--|--|
| <b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>                         |  |
| <input type="checkbox"/> \$0 - \$499<br><input type="checkbox"/> \$500 - \$1,000<br><input checked="" type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 |

|   |
|---|
| <b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary) |
|   |

|   |
|---|
| <b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b> |
|---|

|  |
|--|
| Check one box:<br><input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY |
|--|

|   |
|---|
| Name of Business Entity or<br>Street Address or Assessor's Parcel Number of Real Property |
|---|

|  |
|--|
| Description of Business Activity or<br>City or Other Precise Location of Real Property |
|--|

|  |   |
|--|---|
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br>____/____/10    ____/____/10<br>ACQUIRED    DISPOSED |
|--|---|

|   |
|---|
| NATURE OF INTEREST<br><input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership |
|---|

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Leasehold _____<br>Yrs. remaining | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|

|  |
|--|
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached |
|--|

Comments: \_\_\_\_\_

|   |   |
|---|---|
| <b>1. BUSINESS ENTITY OR TRUST</b>  |   |
| The Dream Tide Novel (Star Publish T.C. McMullen)   |   |
| Name<br>P.O. Box 122 Loretto, PA 15940  |   |
| Address (Business Address Acceptable)<br>Check one<br><input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2   |   |
| <b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b><br>Fiction Novel  |   |
| FAIR MARKET VALUE<br><input checked="" type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br>____/____/10    ____/____/10<br>ACQUIRED    DISPOSED |
| NATURE OF INVESTMENT<br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Published<br>Other  |   |
| YOUR BUSINESS POSITION <u>Author</u>  |   |

|  |  |
|--|--|
| <b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>                         |  |
| <input type="checkbox"/> \$0 - \$499<br><input checked="" type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 |

|   |
|---|
| <b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary) |
|   |

|   |
|---|
| <b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b> |
|---|

|  |
|--|
| Check one box:<br><input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY |
|--|

|   |
|---|
| Name of Business Entity or<br>Street Address or Assessor's Parcel Number of Real Property |
|---|

|  |
|--|
| Description of Business Activity or<br>City or Other Precise Location of Real Property |
|--|

|  |   |
|--|---|
| FAIR MARKET VALUE<br><input type="checkbox"/> \$2,000 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> \$100,001 - \$1,000,000<br><input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE:<br>____/____/10    ____/____/10<br>ACQUIRED    DISPOSED |
|--|---|

|   |
|---|
| NATURE OF INTEREST<br><input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership |
|---|

|  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Leasehold _____<br>Yrs. remaining | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|

|  |
|--|
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached |
|--|

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name _____ |
|---|

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Renown Medical Center

ADDRESS (Business Address Acceptable)

75 Pringle Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Spouse's Employer

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary    ☒ Spouse's or registered domestic partner's income

☐ Loan repayment    ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or    ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary    ☐ Spouse's or registered domestic partner's income

☐ Loan repayment    ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or    ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %    ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None    ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

## **Form 700 Statement of Economic Interest Expanded Statement**

Sierra County Service Area 5 - Supervisor

Sierra County Board of Equalization – District #5

Sierra County Local Transportation Commission – BOS Representative

Lassen Plumas Sierra Community Action Agency – Board Member

First Five Commission – BOS Representative

P.O. Box 556

Loyalton, CA 96118

Area 4 Agency on Aging – BOS Representative

2260 Park Towne Circle, Ste. 100

Sacramento, CA 95825

Sierra County Children and Families Commission – BOS Representative

P.O. Box 556

Loyalton, CA 96118